NC Medicaid Bulletin
April 2019

ATTENTION: ALL PROVIDERS
Centralized Provider Credentialing

The Department recognizes that the move to managed care may impose additional administrative burdens and program complexity to the work NC providers already do. To mitigate the administrative burden on providers as NC Medicaid transitions to managed care, the Department procured a contractor to supplement the state's existing provider enrollment data. This data will be combined with provider enrollment information NC Medicaid has on file to support the Prepaid Health Plans' (PHPs') ability to help determine which providers to contract with.

On Dec. 31, 2018, a contract was awarded to Wipro Infocrossing to serve as the Provider Data Contractor (PDC).

PHPs will rely upon the provider credentialing information to determine if a provider meets the PHP's provider "quality standard" and therefore should be allowed to participate in the PHP's provider network. The Department designed a streamlined process to facilitate providers enrolling with a PHP for the first time as well as providers currently participating in North Carolina Medicaid or NC Health Choice.

- The PDC will be responsible for obtaining the primary source-verified credentialing data for North Carolina Medicaid and NC Health Choice enrolled providers.
- Neither the PHPs nor the PDC will be permitted to reach out to providers to update the provider's credentialing information, though providers are encouraged to keep their credentialing file up to date.
- To ensure that PHPs have access to information from a credentialing process that is held to consistent, current standards, the credentialing data is intended to be primary source-verified under the standards of NCQA.

It is important that providers take action now to update their enrollment records through the NCTracks provider portal.

Providers should:

- Review affiliations by location for accuracy
- End-date any affiliations that are not current
- Make sure physical addresses are correct with the accurate taxonomies
- Review license, certification, and accreditation information
- If necessary, begin the Managed Change Request process to make necessary corrections and updates.

For assistance, please reference the NCTracks Provider User Guides and Training, Provider Record Maintenance.

Detailed information about the design of North Carolina's implementation of Medicaid Managed Care is available at https://www.ncdhhs.gov/assistance/medicaid-transformation

GDIT Call Center, (800) 688-6696 or email NCTracksProvider@nctracks.com|

ATTENTION: ALL PROVIDERS
Posting "Notice of Your Rights Under Hawkins v. Cohen"

Please post an English and Spanish version of the "Notice Of Your Rights Under *Hawkins v. Cohen"* in a prominent location for at least 180 calendar days. This notice contains important information regarding beneficiary rights as they pertain to improper termination of Medicaid benefits, resulting from a federal lawsuit filed in 2017 on behalf of Medicaid beneficiaries in North Carolina.

NC Medicaid Eligibility, 919-813-5340

ATTENTION: ALL PROVIDERS
Payment Error Rate Measurement Changes

The Payment Error Rate Measurement (PERM) is an audit program developed and implemented by the Centers for Medicare & Medicaid Services (CMS) as required by the Improper Payments Information Act (IPIA) of 2002. It is used nationwide to review beneficiary eligibility determinations and claims payments made by North Carolina Medicaid and NC Health Choice to ensure that states only pay for appropriate claims. A national report is distributed outlining the various error rates among states.

The PERM audit is required by CMS every three years and North Carolina has participated in this review process since 2007. Previous PERM cycles were based on the federal fiscal year [FFY], i.e., FFY 2016 was Oct. 1, 2015 – Sept. 30, 2016. CMS has revised the upcoming PERM cycle from the federal fiscal year to the state fiscal year [SFY]. As such, the North Carolina claims that will be reviewed in the upcoming cycle will be sampled from paid claims with dates of service between July 1, 2018 to June 30, 2019. In addition, CMS changed the PERM cycle name from Federal Year [FY] (reflecting the audit period) to Reporting Year [RY] (reflecting the date the final report would be issued). North Carolina's next cycle will be called RY 2020 instead of FY 2019.

PERM reviews of eligibility determinations, Medicaid Fee for Service, Medicaid Managed Care and NC Health Choice claims will be completed by CMS contractors. The PERM RY 2020 medical review audit will start in mid-March and will be conducted by Advance Med. Advance Med will be sending medical record request letters to North Carolina's providers identified in the claims sample.

North Carolina's goal is to decrease our error rates with each PERM cycle review. Achieving this goal requires our providers to identify and implement any needed *internal*

quality improvements. Provider quality improvements can be realized by committing to the following best practices:

- Ensuring adherence to both state and federal regulations, guidelines, and policies related to the service type;

- Providing complete and accurate medical record documentation to substantiate the audited claim;

   o Documenting that there was *medical necessity* for the service provided;

   o Ensuring notations confirm that the service was provided as ordered;

- Ensuring that claims are correctly and accurately coded according to standardized coding guidelines;

- Sending required documentation to Advance Med prior to the requested deadline date on the medical records request letter.

By using these and other quality improvement practices, North Carolina will be able to reduce the number of errors and will be one of the best state performers in the RY 2020 PERM audit cycle. The error rates for North Carolina will be reported and released by CMS in the national report to be published by the end of 2020.

Providers may go to the Federal PERM website for more information.

NC Medicaid OCPI: Betty Helmke (Betty.Helmke@dhhs.nc.gov) 919-527-7744
Michelle Davis (Michelle.Davis@dhhs.nc.gov) 919-527-7748

ATTENTION: ALL PROVIDERS

Clinical Coverage Policy Update

The following new or amended clinical coverage policies are available on NC Medicaid's website at https://medicaid.ncdhhs.gov/:

On Mar. 15, 2019 all NC Medicaid clinical coverage policies were updated. All policies have an amended date of Mar. 15, 2019. There is no change to scope or coverage of any policy posted. The changes are listed in Section 8.0 of each policy, as follows:

| 03/15/2019 | Table of Contents | Added, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after Nov. 1, 2019, please contact your PHP." |
| 03/15/2019 | All Sections and Attachments | Updated policy template language. |

These policies supersede previously published policies and procedures.

Proposed new or amended North Carolina Medicaid and NC Health Choice clinical coverage policies are posted for comment throughout the month. Visit Proposed

[Medicaid and NC Health Choice Policies](#) for current posted policies and instructions to submit a comment.

NC Medicaid Clinical Policy and Programs, 919-813-5550 / 999-245-0179

ATTENTION: ALL PROVIDERS

Updates to the NC Medicaid Electronic Health Record (EHR) Incentive Program

Program Reminders

April is the last month to submit an attestation for Program Year 2018. The NC Medicaid EHR Incentive Payment System ([NC-MIPS](#)) will close for Program Year 2018 at midnight on Apr. 30, 2019. **After that no changes can be made.** Eligible professionals (EP) are strongly advised to review their attestation and documentation for accuracy and completeness.

If we are unable to validate an EP's attestation with the information submitted on NC-MIPS as of midnight on Apr. 30, 2019, the EP will be denied for Program Year 2018. Attestations submitted within 30 days of the deadline are not guaranteed to be reviewed before Apr. 30, 2019.

In Program Year 2018, EPs have the option to attest to Modified Stage 2 Meaningful Use (MU) or Stage 3 MU. For objective and measure requirements, EPs should refer to the Centers for Medicare and Medicaid Services (CMS) Specification Sheets.

- [Click here](#) for CMS' Modified Stage 2 MU Specification Sheets

- [Click here](#) for CMS' Stage 3 MU Specification Sheets

When attesting in Program Year 2018, an EP's Promoting Interoperability (PI) reporting period must be from calendar year 2018 and may be any continuous 90-day period or full calendar year in which an EP successfully demonstrates MU of certified EHR technology.

EPs who were paid for Program Year 2017 using a 90-day patient volume reporting period from calendar year 2017 may use the same patient volume reporting period to attest for Program Year 2018.

The attestation guides are updated each year, so EPs are encouraged to use the updated attestation guide every year they attest. The attestation guides may be found on the right-hand side of [NC-MIPS](#).

EPs who attested with another state should email NCMedicaid.HIT@dhhs.nc.gov prior to attesting for Program Year 2018.

For those practices unsure if a new provider can participate in the NC Medicaid EHR Incentive Program in Program Year 2018, please email the EP's NPI to NCMedicaid.HIT@dhhs.nc.gov and program staff will determine if the EP previously attested with another practice. As a reminder, EPs must have successfully participated in a Medicaid EHR Incentive Program at least once before the end of Program Year 2016 to be able to participate in program years 2017 to 2021.

Visit the program website for more information.

For assistance, please email the NC Medicaid EHR Incentive Program's dedicated help desk at NCMedicaid.HIT@dhhs.nc.gov. Help desk hours are 8 a.m. to 4 p.m., Monday through Friday.

Program Year 2019 Announcements

All EPs attesting in Program Year 2019 will be required to attest to Stage 3 MU and will be required to use a 2015 Edition of certified EHR technology.

CMS has updated its Promoting Interoperability Program website with Program Year 2019 information and details including the 2019 Medicaid Eligible Professional specification sheets.

For more information, visit https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/2019ProgramRequirementsMedicaid.html.

Program Year 2019 clinical quality measures are available for review on the eCQI website.

NC Medicaid EHR Incentive Program, NCMedicaid.HIT@dhhs.nc.gov

ATTENTION: ALL PROVIDERS

New Platform for NC HealthConnex to Launch in April

Beginning in April, participating health care providers in the state-designated health information exchange (HIE), NC HealthConnex, will be moving to a new HIE platform.

Current participants of NC HealthConnex will be moved to the new platform using a phased approach with a target date of Apr. 18, 2019, for completion. Training materials will be available on the NC HIEA website and distributed via email to Participant Account Administrators (PAAs) by Apr. 1, 2019. The NC HIEA will host three Teletown Hall webinar trainings on the new system in March, April and May with the first on Mar. 27, 2019, at 12 p.m. Participants may register on the nchealthconnex.gov website.

As a reminder, work on connecting new participant systems to NC HealthConnex is currently paused until late April. This pause does not impact compliance with the HIE Act as the extension process is in place. The NC HIEA will be in touch with each new participant regarding connection schedules, applicable training or other user needs.

Participants should stay tuned to their inbox for emails regarding training opportunities and transition dates specific to their organization.

For questions relating to NC HealthConnex, please reach out to provider relations at hiea@nc.gov or call (919) 754-6912. To learn more about NC HealthConnex and the connection process, please join the next How to Connect call.

NC Medicaid Provider Services, 919-527-7200

ATTENTION: ALL PROVIDERS

Remittance Statement of Adjustment for Third Party Recovery

The State and GDIT are in the process of completing NCTracks system updates to provide notification on the Remittance Statement of adjustment actions taken on previously paid claims due to audits conducted by Third Party Recovery and the Office of Compliance and Program Integrity. The new Explanation of Benefits (EOB) codes and messages that are being added to NCTracks are shown below:

EOB Code	EOB Message
06110	TPL CREDIT BALANCE ADJUSTMENT OR VOID
06111	TPL MEDICARE RECOVERY ADJUSTMENT OR VOID
06112	RAC I – RECOVERY FULL CLAIM AMOUNT
06113	RAC I – RECOVERY PARTIAL CLAIM AMOUNT
06114	RAC II – RECOVERY FULL CLAIM AMOUNT
06115	RAC II – RECOVERY PARTIAL CLAIM AMOUNT
06116	POSTPAY20 – POST PAYMENT CLAIM REVIEW FULL RECOUPMENT STATE OPERATIONS OCPI
06117	POSTPAY20 – POST PAYMENT CLAIM REVIEW PARTIAL RECOUPMENT STATE OPERATIONS OCPI
06118	POSTPAY30 – POST PAYMENT CLAIM REVIEW FULL RECOUPMENT STATE OPERATIONS V1
06119	POSTPAY30 – POST PAYMENT CLAIM REVIEW PARTIAL RECOUPMENT STATE OPERATIONS V1
06120	POSTPAY40 – POST PAYMENT CLAIM REVIEW FULL RECOUPMENT STATE OPERATIONS V2
06121	POSTPAY40 – POST PAYMENT CLAIM REVIEW PARTIAL RECOUPMENT STATE OPERATIONS V2
06122	PERM AUDIT – FULL RECOUPMENT
06123	PERM AUDIT – PARTIAL RECOUPMENT

Results of audits and any recoupments are also communicated in writing to the impacted providers prior to making any adjustments to claims.

NC Medicaid Third-Party Recovery, 919-527-7690

ATTENTION: ALL PROVIDERS

NCTracks Provider Training Available in April 2019

Registration is open for the April 2019 instructor-led provider training courses listed below. Slots are limited.

WebEx courses can be attended remotely from any location with a telephone, computer and internet connection. **Please note that the WebEx information has changed.** See the training enrollment instructions below for details.

On-site courses include hands-on training and are limited to 45 participants. They are offered in-person at the NCTracks facility at 2610 Wycliff Road in Raleigh. Following are details on the courses, including dates, times and how to enroll.

Prior Approval Pharmacy (WebEx)
Apr. 16, 2019   9 – 11 a.m.
This course will cover submitting Pharmacy Prior Approval (PA) Requests to help ensure compliance with Medicaid clinical coverage policy and medical necessity. It will also cover Prior Approval inquiry to check on the status of a Pharmacy PA Request.

Provider Annual Seminar - Concord, North Carolina
Apr. 18, 2019 9 a.m. - 3:30 p.m.
This seminar series will provide information including:
- Common reasons Enrollment and Manage Change Request (MCR) applications are delayed and how to avoid delays
- How to add Community Alternative Program taxonomy via MCR
- The top 10 denial reasons for Professional and Institutional claims and their resolutions
- How to indicate other payer detail on a claim in NCTracks

Training Enrollment Instructions
Providers can register for these courses in SkillPort, the NCTracks Learning Management System. Logon to the secure NCTracks Provider Portal and click Provider Training to access SkillPort. Open the folder labeled **Provider Computer-Based Training (CBT) and Instructor Led Training (ILT)**. The courses can be found in the sub-folders labeled **ILTs: On-site** or **ILTs: Remote via WebEx**, depending on the format of the course.

To access WebEx online training sessions:
> 1. From an internet browser, enter the
> URL https://srameeting.webex.com/meet/paynet
> 2. Enter your first and last name
> 3. Enter your email address

If this is your first time using the new Web Meeting, it is suggested that you begin the process 15 minutes prior to the start of the call. This will allow you sufficient time to download the required software to access the Web Meeting. To hear the audio portion of the class, dial: 1-800-747-5150. Enter Access code 8700322.

Refer to the [Provider Training page](#) of the public Provider Portal for specific instructions on how to use SkillPort. The Provider Training page also includes a quick reference regarding Java, which is required for the use of SkillPort.

GDIT, 1-800-688-6696

ATTENTION: PRIMARY CARE PROVIDERS
Advanced Medicaid Home Update

Nearly 2,900 North Carolina Medicaid providers have already certified as Advanced Medical Homes (AMHs). It is important that practices understand the meaning of this designation and the associated requirements on primary care providers (PCPs).

About the AMH Program

The AMH program is the platform for practices to provide care management to Medicaid patients in their practice who need it when North Carolina transitions its Medicaid program to managed care in November 2019.

The AMH program is open to any PCP who is enrolled in Medicaid and is certified by the Department as an AMH (see [here](#) for a full list of permissible subspecialties). The program has three "tiers," with each subsequent tier involving greater care management responsibility and higher corresponding reimbursement:

- In AMH Tiers 1 and 2, practice care delivery requirements and Medical Home Fees will remain unchanged from Carolina ACCESS (commonly referred to as "CCNC")
- AMH Tier 3 requires practices to take on additional care management responsibility either through in-house capabilities or in partnership with a Clinically Integrated Network (CIN) or another partner. In exchange, Tier 3 practices will have the opportunity to receive additional payments from Medicaid Managed Care Prepaid Health Plans (PHPs). PHPs will be required to contract with all Tier 3 AMHs in each region, with limited exceptions (see [here](#) for full guidance on Tier 3 contracting).
- To learn more about AMH payments, see questions P1 – P12 of the [AMH FAQs](#).

How does a Practice Become Certified as an AMH?

Practices become certified as AMHs in two ways:

- ***Grandfathering into Tier 1 or Tier 2.*** All Medicaid providers that were enrolled in Carolina ACCESS as of 9/9/2018 were automatically given an AMH certification status into AMH Tier 1 or Tier 2 (see questions A1 – A13 of the [AMH FAQs](#) for more information on this process).
- ***Attestation.*** Practices can become certified into a higher tier by completing an attestation through NCTracks. **Attestation is the only route into AMH Tier 3.**

Program Updates

The AMH attestation portal opened Oct. 1, 2018. Attestation into AMH Tier 3 is seeing high participation from practices across the state.

In early April, the Department will the share with PHPs the list of certified AMHs in each tier. At that time, more information will be released about the statewide and regional counts of practices in each tier.

What do Practices Need to do Next?

1. *Make sure you know your AMH tier status.* Confirm your AMH tier status by logging into NCTracks (see here for a guide to accessing AMH information through NCTracks).
2. *Begin or continue PHP contracting.* The State's Medicaid Managed Care PHPs were recently selected and are beginning to form their provider networks. **All providers serving Medicaid patients (regardless of AMH status) should begin communicating with PHPs. There is no need to wait for the Department's release of AMH information to PHPs for your practice to begin communicating with PHPs.** To learn more about PHP contracting, see questions C1 – C9 of the AMH FAQs.

Learn more about the AMH program by visiting the AMH homepage, or email medicaid.transformation@dhhs.nc.gov with any questions.

NC Medicaid Care and Quality

ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS

Pegfilgrastim-cbqv injection, for subcutaneous use (Udenyca™) HCPCS code Q5111: Billing Guidelines

Effective with date of service Jan. 3, 2019, the North Carolina Medicaid and NC Health Choice programs cover pegfilgrastim-cbqv injection, for subcutaneous use (Udenyca) for use in the Physician Administered Drug Program when billed with HCPCS code Q5111 - Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg.

Udenyca is available as a 6 mg/0.6 mL in a single-dose prefilled syringe for manual use only. It is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. Udenyca is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

Recommended Dose:

Patients weighing 45 kg or greater: 6 mg administered once per chemotherapy cycle as a single subcutaneous injection.
Dosing in pediatric patients weighing less than 45 kg:
- Body weight 10-20 kg: 1.5 mg
- Body weight 21-30 kg: 2.5 mg
- Body weight 31-44 kg: 4 mg
*For pediatric patients weighing less than 10 kg administer 0.1 mg/kg.

See full prescribing information for further detail.

For North Carolina Medicaid and NC Health Choice Billing

- The ICD-10-CM diagnosis code(s) required for billing is/are: D70.1 - Agranulocytosis secondary to cancer chemotherapy; T45.1X5A - Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter; T45.1X5D - Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter; T45.1X5S - Adverse effect of antineoplastic and immunosuppressive drugs, sequela
- Providers must bill with HCPCS code: Q5111 - Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
- One Medicaid and NCHC unit of coverage is: 0.5 mg
- The maximum reimbursement rate per unit is: $375.75
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs is: 70114-0101-01
- The NDC units should be reported as "UN1".
- For additional information, refer to the January 2012 Special Bulletin, *National Drug Code Implementation Update.*
- For additional information regarding NDC claim requirements related to the PADP, refer to the PADP Clinical Coverage Policy No. 1B, Attachment A, H.7 on DHB's website.
- Providers shall bill their usual and customary charge for non-340B drugs.
- PADP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340B participating providers who have registered with the Office of Pharmacy Affairs (OPA). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the Physician Administered Drug Program is available on DHB's PADP web page.

GDIT, 1-800-688-6696

ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS

Fluocinolone acetonide intravitreal implant (Yutiq™) HCPCS code J7313 Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg: Billing Guidelines

Effective with date of service of Feb. 4, 2019, the North Carolina Medicaid and NC Health Choice programs cover fluocinolone acetonide intravitreal implant (Yutiq) for use in the Physician Administered Drug Program when billed with HCPCS code J7313 Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg.

Yutiq is available as a non-bioerodible intravitreal implant containing 0.18 mg fluocinolone acetonide in a drug delivery system and is indicated for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye.

Recommended Dose: For opthalmic intravitreal injection. Each intravitreal implant contains 0.18 mg of fluocinolone acetonide in a drug delivery system designed to release fluocinolone acetonide at an initial rate of 0.25 mcg/day and lasting 36 months.

See full prescribing information for further detail.

For North Carolina Medicaid and NC Health Choice Billing

- The ICD-10-CM diagnosis code(s) required for billing is/are: H30.001 - Unspecified focal chorioretinal inflammation, right eye; H30.002 - Unspecified focal chorioretinal inflammation, left eye; H30.003 - Unspecified focal chorioretinal inflammation, bilateral; H30.009 - Unspecified focal chorioretinal inflammation, unspecified eye; H30.013 - Focal chorioretinal inflammation, juxtapapillary, bilateral; H30.011 - Focal chorioretinal inflammation, juxtapapillary, right eye; H30.012 - Focal chorioretinal inflammation, juxtapapillary, left eye; H30.019 - Focal chorioretinal inflammation, juxtapapillary, unspecified eye; H30.021 - Focal chorioretinal inflammation of posterior pole, right eye; H30.022 - Focal chorioretinal inflammation of posterior pole, left eye; H30.023 - Focal chorioretinal inflammation of posterior pole, bilateral; H30.029 - Focal chorioretinal inflammation of posterior pole, unspecified eye; H30.033 - Focal chorioretinal inflammation, peripheral, bilateral; H30.031 - Focal chorioretinal inflammation, peripheral, right eye; H30.032 - Focal chorioretinal inflammation, peripheral, left eye; H30.039 - Focal chorioretinal inflammation, peripheral, unspecified eye; H30.041 - Focal chorioretinal inflammation, macular or paramacular, right eye; H30.042 - Focal chorioretinal inflammation, macular or paramacular, left eye; H30.043 - Focal chorioretinal inflammation, macular or paramacular, bilateral; H30.049 - Focal chorioretinal inflammation, macular or paramacular, unspecified eye; H30.101 - Unspecified disseminated chorioretinal inflammation, right eye; H30.102 - Unspecified disseminated chorioretinal inflammation, left eye; H30.103 - Unspecified disseminated chorioretinal inflammation, bilateral; H30.109 - Unspecified disseminated chorioretinal inflammation, unspecified eye; H30.111 -

Disseminated chorioretinal inflammation of posterior pole, right eye; H30.112 - Disseminated chorioretinal inflammation of posterior pole, left eye; H30.113 - Disseminated chorioretinal inflammation of posterior pole, bilateral; H30.119 - Disseminated chorioretinal inflammation of posterior pole, unspecified eye; H30.123 - Disseminated chorioretinal inflammation, peripheral, bilateral; H30.121 - Disseminated chorioretinal inflammation, peripheral, right eye; H30.122 - Disseminated chorioretinal inflammation, peripheral, left eye; H30.129 - Disseminated chorioretinal inflammation, peripheral, unspecified eye; H30.133 - Disseminated chorioretinal inflammation, generalized, bilateral; H30.139 - Disseminated chorioretinal inflammation, generalized, unspecified eye; H30.131 - Disseminated chorioretinal inflammation, generalized, right eye; H30.132- Disseminated chorioretinal inflammation, generalized, left eye; H30.141 - Acute posterior multifocal placoid pigment epitheliopathy, right eye; H30.142 - Acute posterior multifocal placoid pigment epitheliopathy, left eye; H30.143 - Acute posterior multifocal placoid pigment epitheliopathy, bilateral; H30.149 - Acute posterior multifocal placoid pigment epitheliopathy, unspecified eye; H30.90 - Unspecified chorioretinal inflammation, unspecified eye; H30.91 - Unspecified chorioretinal inflammation, right eye; H30.92 - Unspecified chorioretinal inflammation, left eye; H30.93 - Unspecified chorioretinal inflammation, bilateral

- Providers must bill with HCPCS code: J7313 Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
- One North Carolina Medicaid and NC Health Choice unit of coverage is: 0.01 mg
- The maximum reimbursement rate per unit is: $490.95
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDC is: 71879-0136-01
- The NDC units should be reported as "UN1".
- For additional information, refer to the January 2012, Special Bulletin, *National Drug Code Implementation Update.*
- For additional information regarding NDC claim requirements related to the PADP, refer to the PADP Clinical Coverage Policy No. 1B, Attachment A, H.7 on DHB's website.
- Providers shall bill their usual and customary charge for non-340B drugs.
- PADP reimburses for drugs billed for Medicaid and NC Health Choice beneficiaries by 340B participating providers who have registered with the Office of Pharmacy Affairs (OPA). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the Physician Administered Drug Program is available on DHB's PADP web page.

GDIT, 1-800-688-6696

ATTENTION: PHYSICIANS, PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS

Omadacycline for Injection, for Intravenous Use (Nuzyra™) HCPCS code J3490 - Unclassified drugs: Billing Guidelines

Nuzyra is available as 100 mg of omadacycline (equivalent to 131 mg omadacycline tosylate) as a lyophilized powder in a single dose vial for reconstitution and further dilution before intravenous infusion

Indicated for the treatment of adult patients with the following infections caused by susceptible microorganisms:

• Community-acquired bacterial pneumonia (CABP)
• Acute bacterial skin and skin structure infections (ABSSSI)

Recommended Dose:
 Dose for CABP and ABSSSI in adult patients:

• 200 mg loading dose by intravenous infusion over 60 minutes on day 1, or
• 100 mg loading dose by intravenous infusion over 30 minutes twice on day 1
• 100 mg maintenance dose by intravenous infusion over 30 minutes once daily starting on day 2 for a total duration of 7 to 14 days

See full prescribing information for further detail.

For North Carolina Medicaid and NC Health Choice Billing

- The ICD-10-CM diagnosis code(s) required for billing is/are:

  Community Acquired Bacterial Pneumonia (CABP)
  J13 - Pneumonia due to Streptococcus pneumoniae; J14 - Pneumonia due to Hemophilus influenzae; J15.0 - Pneumonia due to Klebsiella pneumoniae; J15.211 - Pneumonia due to Methicillin susceptible Staphylococcus aureus; J15.6 - Pneumonia due to other Gram-negative bacteria; J15.7 - Pneumonia due to Mycoplasma pneumoniae; J16.0 - Chlamydial pneumonia

  Acute bacterial skin and skin structure infections (ABSSSI)
  A46 - Erysipelas; A49.01 - Methicillin susceptible Staphylococcus aureus infection, unspecified site; A49.02 - Methicillin resistant Staphylococcus aureus infection, unspecified site; A49.1 - Streptococcal infection, unspecified site; H00.031 - Abscess of right upper eyelid; H00.032 - Abscess of right lower eyelid; H00.033 - Abscess of eyelid right eye, unspecified eyelid; H00.034 - Abscess of left upper eyelid; H00.035 - Abscess of left lower eyelid; H00.036 - Abscess of eyelid left eye, unspecified eyelid; H00.039 - Abscess of eyelid unspecified eye, unspecified eyelid; H05.011 - Cellulitis of right orbit; H05.012 - Cellulitis of left orbit; H05.013 - Cellulitis of bilateral orbits; H05.019 - Cellulitis of unspecified

orbit; H60.00 - Abscess of external ear, unspecified ear; H60.01 - Abscess of right external ear; H60.02 - Abscess of left external ear; H60.03 - Abscess of external ear, bilateral; H60.10 - Cellulitis of external ear, unspecified ear; H60.11 - Cellulitis of right external ear; H60.12 - Cellulitis of left external ear; H60.13 - Cellulitis of external ear, bilateral; J34.0 - Abscess, furuncle and carbuncle of nose; K12.2 - Cellulitis and abscess of mouth; K61.0 - Anal abscess; K61.1 - Rectal abscess; K61.2 - Anorectal abscess; K61.31 - Horseshoe abscess; K61.39 - Other ischiorectal abscess; K61.4 - Intrasphincteric abscess; K61.5 - Supralevator abscess; L01.00 - Impetigo, unspecified; L01.01 - Non-bullous impetigo; L01.02 - Bockhart's impetigo; L01.03 - Bullous impetigo; L01.09 - Other impetigo; L01.1 - Impetiginization of other dermatoses; L02.01 - Cutaneous abscess of face; L02.02 - Furuncle of face; L02.03 - Carbuncle of face; L02.11 - Cutaneous abscess of neck; L02.12 - Furuncle of neck; L02.13 - Carbuncle of neck; L02.211 - Cutaneous abscess of abdominal wall; L02.212 - Cutaneous abscess of back [any part, except buttock]; L02.213 - Cutaneous abscess of chest wall; L02.214 - Cutaneous abscess of groin; L02.215 - Cutaneous abscess of perineum; L02.216 - Cutaneous abscess of umbilicus; L02.219 - Cutaneous abscess of trunk, unspecified; L02.221 - Furuncle of abdominal wall; L02.222 - Furuncle of back [any part, except buttock]; L02.223 - Furuncle of chest wall; L02.224 - Furuncle of groin; L02.225 - Furuncle of perineum; L02.226 - Furuncle of umbilicus; L02.229 - Furuncle of trunk, unspecified; L02.231 - Carbuncle of abdominal wall; L02.232 - Carbuncle of back [any part, except buttock]; L02.233 - Carbuncle of chest wall; L02.234 - Carbuncle of groin; L02.235 - Carbuncle of perineum; L02.236 - Carbuncle of umbilicus; L02.239 - Carbuncle of trunk, unspecified; L02.31 - Cutaneous abscess of buttock; L02.32 - Furuncle of buttock; L02.33 - Carbuncle of buttock; L02.411 - Cutaneous abscess of right axilla; L02.412 - Cutaneous abscess of left axilla; L02.413 - Cutaneous abscess of right upper limb; L02.414 - Cutaneous abscess of left upper limb; L02.415 - Cutaneous abscess of right lower limb; L02.416 - Cutaneous abscess of left lower limb; L02.419 - Cutaneous abscess of limb, unspecified; L02.421 - Furuncle of right axilla; L02.422 - Furuncle of left axilla; L02.423 - Furuncle of right upper limb; L02.424 - Furuncle of left upper limb; L02.425 - Furuncle of right lower limb; L02.426 - Furuncle of left lower limb; L02.429 - Furuncle of limb, unspecified; L02.431 - Carbuncle of right axilla; L02.432 - Carbuncle of left axilla; L02.433 - Carbuncle of right upper limb; L02.434 - Carbuncle of left upper limb; L02.435 - Carbuncle of right lower limb; L02.436 - Carbuncle of left lower limb; L02.439 - Carbuncle of limb, unspecified; L02.511 - Cutaneous abscess of right hand; L02.512 - Cutaneous abscess of left hand; L02.519 - Cutaneous abscess of unspecified hand; L02.521 - Furuncle right hand; L02.522 - Furuncle left hand; L02.529 - Furuncle unspecified hand; L02.531 - Carbuncle of right hand; L02.532 - Carbuncle of left hand; L02.539 - Carbuncle of unspecified hand; L02.611 - Cutaneous abscess of right foot; L02.612 - Cutaneous abscess of left foot; L02.619 - Cutaneous abscess of unspecified foot; L02.621 - Furuncle of right foot; L02.622 - Furuncle of left foot; L02.629 - Furuncle of unspecified foot; L02.631 - Carbuncle of right foot; L02.632 - Carbuncle of left foot; L02.639 - Carbuncle of unspecified foot; L02.811 - Cutaneous abscess of head [any part, except face]; L02.818 - Cutaneous abscess of other sites; L02.821 - Furuncle of head [any part, except face]; L02.828 - Furuncle of other sites; L02.831 - Carbuncle of head [any part,

except face]; L02.838 - Carbuncle of other sites; L02.91 - Cutaneous abscess, unspecified; L02.92 - Furuncle, unspecified; L02.93 - Carbuncle, unspecified; L03.011 - Cellulitis of right finger; L03.012 - Cellulitis of left finger; L03.019 - Cellulitis of unspecified finger; L03.021 - Acute lymphangitis of right finger; L03.022 - Acute lymphangitis of left finger; L03.029 - Acute lymphangitis of unspecified finger; L03.031 - Cellulitis of right toe; L03.032 - Cellulitis of left toe; L03.039 - Cellulitis of unspecified toe; L03.041 - Acute lymphangitis of right toe; L03.042 - Acute lymphangitis of left toe; L03.049 - Acute lymphangitis of unspecified toe; L03.111 - Cellulitis of right axilla; L03.112 - Cellulitis of left axilla; L03.113 - Cellulitis of right upper limb; L03.114 - Cellulitis of left upper limb; L03.115 - Cellulitis of right lower limb; L03.116 - Cellulitis of left lower limb; L03.119 - Cellulitis of unspecified part of limb; L03.121 - Acute lymphangitis of right axilla; L03.122 - Acute lymphangitis of left axilla; L03.123 - Acute lymphangitis of right upper limb; L03.124 - Acute lymphangitis of left upper limb; L03.125 - Acute lymphangitis of right lower limb; L03.126 - Acute lymphangitis of left lower limb; L03.129 - Acute lymphangitis of unspecified part of limb; L03.211 - Cellulitis of face; L03.212 - Acute lymphangitis of face; L03.213 - Periorbital cellulitis; L03.221 - Cellulitis of neck; L03.222 - Acute lymphangitis of neck; L03.311 - Cellulitis of abdominal wall; L03.312 - Cellulitis of back [any part except buttock]; L03.313 - Cellulitis of chest wall; L03.314 - Cellulitis of groin; L03.315 - Cellulitis of perineum; L03.316 - Cellulitis of umbilicus; L03.317 - Cellulitis of buttock; L03.319 - Cellulitis of trunk, unspecified; L03.321 - Acute lymphangitis of abdominal wall; L03.322 - Acute lymphangitis of back [any part except buttock]; L03.323 - Acute lymphangitis of chest wall; L03.324 - Acute lymphangitis of groin; L03.325 - Acute lymphangitis of perineum; L03.326 - Acute lymphangitis of umbilicus; L03.327 - Acute lymphangitis of buttock; L03.329 - Acute lymphangitis of trunk, unspecified; L03.811 - Cellulitis of head [any part, except face]; L03.818 - Cellulitis of other sites; L03.891 - Acute lymphangitis of head [any part, except face]; L03.898 - Acute lymphangitis of other sites; L03.90 - Cellulitis, unspecified; L03.91 - Acute lymphangitis, unspecified; L04.0 - Acute lymphadenitis of face, head and neck; L04.1 - Acute lymphadenitis of trunk; L04.2 - Acute lymphadenitis of upper limb; L04.3 - Acute lymphadenitis of lower limb; L04.8 - Acute lymphadenitis of other sites; L04.9 - Acute lymphadenitis, unspecified; L05.01 - Pilonidal cyst with abscess; L05.02 - Pilonidal sinus with abscess; L05.91 - Pilonidal cyst without abscess; L05.92 - Pilonidal sinus without abscess; L08.0 - Pyoderma; L08.1 - Erythrasma; L08.81 - Pyoderma vegetans; L08.82 - Omphalitis not of newborn; L08.89 - Other specified local infections of the skin and subcutaneous tissue; L08.9 - Local infection of the skin and subcutaneous tissue, unspecified; N48.21 - Abscess of corpus cavernosum and penis; N48.22 - Cellulitis of corpus cavernosum and penis; N61.0 - Mastitis without abscess; N61.1 - Abscess of the breast and nipple; N76.4 - Abscess of vulva

Code also organism if applicable: B95.0 - Streptococcus, group A, as the cause of diseases classified elsewhere; B95.1 - Streptococcus, group B, as the cause of diseases classified elsewhere; B95.2 - Enterococcus as the cause of diseases classified elsewhere; B95.4 - Other streptococcus as the cause of diseases classified elsewhere; B95.5 - Unspecified streptococcus as the cause of diseases classified elsewhere; B95.61 - Methicillin susceptible Staphylococcus aureus

infection as the cause of diseases classified elsewhere; B95.62 - Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere; B95.7 - Other staphylococcus as the cause of diseases classified elsewhere; B95.8 - Unspecified staphylococcus as the cause of diseases classified elsewhere; B96.1 - Klebsiella pneumoniae [K. pneumoniae] as the cause of diseases classified elsewhere; B96.89 – Other specified bacterial agents as the cause of disease classified elsewhere

- Providers must bill with HCPCS code: J3490 - Unclassified drugs
- One Medicaid and NCHC unit of coverage is: 1 mg
- The maximum reimbursement rate per unit is: $3.73
- Providers must bill 11-digit National Drug Codes (NDCs) and appropriate NDC units. The NDCs are: 71715-0001-01, 71715-0001-02
- The NDC units should be reported as "UN1".
- For additional information, refer to the January 2012, Special Bulletin, *National Drug Code Implementation Update.*
- For additional information regarding NDC claim requirements related to the PADP, refer to the PADP Clinical Coverage Policy No. 1B, Attachment A, H.7 on DHB's website.
- Providers shall bill their usual and customary charge for non-340B drugs.
- PADP reimburses for drugs billed for Medicaid and NCHC beneficiaries by 340B participating providers who have registered with the Office of Pharmacy Affairs (OPA). Providers billing for 340B drugs shall bill the cost that is reflective of their acquisition cost. Providers shall indicate that a drug was purchased under a 340B purchasing agreement by appending the "UD" modifier on the drug detail.
- The fee schedule for the Physician Administered Drug Program is available on DHB's PADP web page.

GDIT, 1-800-688-6696

ATTENTION: NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS
Billing Code Update (February 2019)

North Carolina Medicaid has received calls concerning claim denials for some services provided by nurse practitioners (NPs) and physician assistants (PAs).

Medicaid has provided instructions to NCTracks and the following procedure code list has been updated recently to include additional NP and PA taxonomies. The newly added codes are:

10160 (B)	20220	20220 (B)	27091 (A)
29827 (A)	32552	32552 (B)	32651 (A)
35226	35226 (A)	35226 (B)	36569 (B)
38222	38222 (B)	42400	42400 (B)

43279 (A)	43282 (A)	50543 (A)	63267 (A)

* Codes marked with an (A) were updated for modifiers 80 and 82

* Codes marked with a (B) were updated for modifier 59

Note: The following codes were updated:
- **20220, 32552, 35226, 38222, 42400**
- **27091, 29827, 32651, 35226, 43279, 43282, 50543 and 63267 with modifiers 80 and 82**
- **10160, 20220, 32552, 35226, 36569, 38222, 42400 with modifier 59**

The Medicaid website has a complete list of previously denied billing codes for NP, PAs and Certified Nurse Midwives.

Note: Codes currently in process for system updates will be published once system modifications are completed. New code problems will be addressed as Medicaid Clinical Policy becomes aware of them.

(MP 19.056, MP 19.065, MP 19.073, MP 19.076, MP 19.111, MP 19.112, MP 19.114)

GDIT, 1-800-688-6696

ATTENTION: NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

Billing Code Update (April 2019)

North Carolina Medicaid has received calls concerning claim denials for some services provided by nurse practitioners (NPs) and physician assistants (PAs).

North Carolina Medicaid has provided instructions to NCTracks and the following procedure code list has been updated recently to include additional NP and PA taxonomies. The newly added codes are:

22840 (A)	23430 (A)	23515 (A)	27654 (A)
27654 (H)	27767	27767 (B)	29827 (A)
33415 (A)	33510 (A)	33517 (A)	33608 (A)
33688 (A)	33853 (A)	43775 (A)	99471
99471 (B)			

* Codes marked with an (A) were updated for modifiers 80 and 82

* Codes marked with a (B) were updated for modifier 59

* Codes marked with a (H) were updated for modifier 78

Note: The following codes were updated:
- **27767, 99471**
- **22840, 23515, 23430, 27654, 29827, 33415, 33510, 33517, 33608, 33688, 33853 and 43775 with modifiers 80 and 82**
- **27767 and 99471 with modifier 59**
- **27654 with modifier 78**

The Medicaid website has a complete list of previously denied billing codes for NP, PAs and Certified Nurse Midwives.

Note: Codes currently in process for system updates will be published once system modifications are completed. New code problems will be addressed as North Carolina Medicaid Clinical Policy becomes aware of them.

(MP 19.135, MP 19.140, MP 19.143, MP 19.144, MP 19.145)

GDIT, 1-800-688-6696

ATTENTION: NURSING FACILITIES, ACUTE CARE HOSPITALS AND STATE OPERATED FACILITIES

Preadmission Screening Resident Review (PASRR) Program Update

Effective Dec. 1, 2018, the North Carolina Medicaid Uniform Screening Tool (NCMUST) application and operation of the Level 1 PASRR screen process transitioned from a NC Medicaid vendor to NC DHHS ITD and NC Medicaid. The transition enables NC DHHS to achieve a more efficient screening process for PASRRs and provide NCDHHS with direct knowledge of issues and barriers that may impact the timely processing of PASRR Level 1 screens and Level 2 evaluations.

Please note the following PASRR Program information:

- **PASRR Submissions**

  A PASRR screen may be submitted via NCMUST at any time. The PASRR screen will be automatically adjudicated in a matter of minutes if the screen is not flagged for a manual review. Screens are flagged for a manual review when the information within the submitted screen deems it necessary for a nurse to review the information. If flagged for a manual review, a NC Medicaid PASRR nurse consultant will initiate review of the screen within one business day and will

reach out to the submitter to request additional supporting documentation if needed.

- **Dementia Primary Diagnosis - 42CFR 483.128(m)**

  An individual with a mental illness diagnosis may be exempted from a Level 2 evaluation if dementia is documented as primary (dementia more progressed than symptoms of the mental illness). Adequate supporting documentation with a MD signature must be submitted for review by the NC Medicaid PASRR nurse consultant.

- **Out-of-State PASRR Requests**

  Out-of-State PASRR requests are handled on a case-by-case basis. Those with general questions about out-of-state PASRR requests should contact NC Medicaid Clinical Policy Long-Term Services and Supports at 919-855-4364.

- **Help Desk Number**

  The toll-free number is **888-245-0179**. You can also reach the help desk by calling **919-813-5550.** Support staff is available Monday – Friday from 8 a.m. – 5 p.m. except observed State holidays.

- **Faxing PASRR Related Documents:**

  When submitting PASRR related documents for review, please limit fax submissions to the information that has been requested. By doing so, the review and response time will be more efficient. In addition, it will ensure only the amount of information necessary to perform the PASRR review is being disclosed.

  The fax number to submit PASRR-related documents is 919-224-1072. Please address all fax submissions to "NC Medicaid PASRR."

- **Uploading PASRR-related documents to NCMUST**

  Providers have always had the ability to upload PASRR-related documents directly to the NCMUST application and are encouraged to do so whenever possible. Information that is uploaded to the NCMUST application is available immediately to PASRR reviewers and is reviewed faster, thereby providing a PASRR number in a more timely manner. Information on the upload process is located on the NCMUST webpage. Technical assistance is available upon request.

- **NCMUST Incidents/Issues/Complaints**

  In order to assist with tracking related to NCMUST and the PASRR program, all incidents/issues/complaints should be submitted via the "Log an Issue" portlet on the welcome tab within the NCMUST system or, if unable to access the NCMUST system, via the uspquestions@dhhs.nc.gov.

- **Contacts for the PASRR program:**

  Beverly Bell
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  Jenny Abramson
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  Information Technology Division
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  Laurael Robichaud
  PASRR Team Supervisor
  DMH/DD/SAS
  laurael.robichaud@dhhs.nc.gov

NC Medicaid Clinical Policy Long-Term Services and Supports, 919-855-4364

ATTENTION: PERSONAL CARE SERVICES PROVIDERS
Regional Provider Trainings

Personal Care Services (PCS) regional training sessions will be held May 13-22, 2019. Registration begins at 8 a.m. and training will be held from 9 a.m. to 1:30 p.m. Training sessions are free, but registration is required.

Providers can register through the Liberty Healthcare Corp. of North Carolina Medicaid PCS Website. Prior to training, training topics and materials will be available to registered participants on Liberty's website.

Providers with additional questions may contact Liberty Healthcare Corp. of N.C. at 1-855-740-1400 or North Carolina Medicaid at 919-855-4360.

Event Dates and Locations

- **Monday, May 13, 2019 -- Asheville**
  Doubletree by Hilton-Biltmore, 115 Hendersonville Rd.
  Room: Burghley AB Ballroom

- **Tuesday, May 14 -- Charlotte**
  Great Wolf Lodge Convention Center, 10175 Weddington Rd.
  Room: White Pine Ballroom

- **Wednesday, May 15 -- Greensboro**
  Embassy Suites by Hilton Greensboro Airport, 204 Centreport Dr.
  Room: Ballroom

- **Monday, May 20 -- Raleigh**
  Jane S. McKimmon Conference and Training Center -- NCSU, 1101 Gorman St.
  Room: 2C

- **Tuesday, May 21 -- Greenville**
  Hilton Greenville, 207 SW Greenville Blvd.
  Room: Ballroom

- **Wednesday, May 22 -- Fayetteville**
  Doubletree by Hilton Fayetteville, 1965 Cedar Creek Rd.
  Room: Grand Ballroom

NC Medicaid Long-Term Services and Supports, 919-855-4340

ATTENTION: PERSONAL CARE SERVICES PROVIDERS
NC Medicaid-3136 and 3085 Form Submission

Effective Mar. 4, 2019, NC Medicaid implemented functionality in QiRePort allowing providers to submit the Internal *Quality Improvement Program Attestation* (NC Medicaid-3136) and *Session Law 2013-306 PCS Training Attestation* (NC Medicaid-3085) Forms via upload.

Liberty Healthcare and NC Medicaid will provide training during Spring 2019 PCS Regional Training on the new process. Upon completion of training, providers will be expected to submit both the NC Medicaid 3136 and 3085 forms via the provider portal. Providers may register for training through the [Liberty Healthcare Corp. of North Carolina Medicaid PCS Website](#).

The NC Medicaid email addresses for NC Medicaid 3136 and 3085 Forms will be deactivated.

NC Medicaid Long-Term Services and Supports, 919-855-4340

ATTENTION: PERSONAL CARE SERVICES PROVIDERS
NC Medicaid-3051 Form Submission

Effective May 1, 2019, beneficiaries requesting Personal Care Services must use the updated *NC Medicaid-3051 Request for Independent Assessment for Personal Care Services Attestation of Medical Need Form*. This form is a *revision* of the currently used NC Medicaid-3051 Form. The current form will be accepted by the Independent Assessment Entity through July 1, 2019.

Liberty Healthcare and NC Medicaid will provide training during Spring 2019 PCS Regional Training on the new form and the changes that are required for beneficiaries, practitioners, and providers submitting the form. Providers may register for training through the [Liberty Healthcare Corp. of North Carolina Medicaid PCS Website](#).

Those with questions may contact Liberty Healthcare Corp. of North Carolina at 1-855-740-1400 or North Carolina Medicaid at 919-855-4360.

NC Medicaid Long-Term Services and Supports, 919-855-4340